

PARTI

NAME(Last)

LOBBYIST

MAILING ADDRESS (Street)

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

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STATE OF HAWAU STATE ETHICS COMM SSICN

TELEPHONE

206) 409-8032

## LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(Middle)

603 Stewart	Street Suite 1014	223-5327	
(City)	(State)	(Zip Code)	
Seattle	WA.	98101	
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a business entity which has been retained to lo	bby) TELEPHONE	
MAILING ADDRESS (Street)		FAX	
		<b>%</b>	
(City)	(State)	(Zip Code)	
PART II ORGANIZATION	(50P (P	TELEBLIONE	
NAME OF ORGANIZATION YOU LOBBY		(206)	
Eli Lilly an	d Company	109-8032	
MAILING ADDRESS (Street)		FAX (206)	
603 Stewart	Street Suite 1014 (State)	(Z) (Zip Code)	
(City)	(State) (Zip Code)		
Seattle	WA 981	01	
NAME OF PERSON RESPONSIBLE FOR PR	REPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
NATE Miles		(204) 409-8032	
MAILING ADDRESS (Street)		(ZOG)	
SAME	= AS Above	223-5327	
(City)	(State)	(Zip Code)	
		Page 1 of 2	

PART III DESCRIPTION OF	SUBJECTS UPON WHICH Y	OU EXPECT TO LOBBY		
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PARTIV CERTIFICATION OF LOBBYIST				
I heretly certify that the information furhished above is, to the best of my knowledge, correct and complete.				
(Signature of Lobbyist) (Date)				
TARTY AUTHORIZATION I				
PART V AUTHORIZATION TO LOBBY  NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
l	urk	TLE OF AUTHORIZING STEELS.		
NAME OF ORGANIZATION (if applica	able)	TELEF	PHONE	
Eli Lilly an	d Company	(20-	2) 434-7168	
MAILING ADDRESS (Street)		FAX		
555 12th	St. NW.	Suite 650 202	2 624-0877	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Zip Code) 20000

(State)

(Signature of Authorizing Officer or Person Represented)

(City)